



City of Seattle, Department of Planning and Development
Steam, Boiler/Pressure Systems, Refrigeration, Gas Piping Licensing
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-5174

AFFIDAVIT

(Gas Piping Mechanic)

Applicant's Name: _____

Check the appropriate box/es below and on the reverse side (one per box):

<div><input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family</div> <div><input type="checkbox"/> Residential <input type="checkbox"/> Other, describe: _____ _____</div> <div>Installed, altered, extended, and repaired gas piping installations. Describe work: _____ _____ _____ _____</div> <div>Period From: _____ To: _____</div> <div>I certify that I am personally/professionally acquainted with _____</div> <div>And his/her work at (Company name and address): _____ _____ _____</div> <div>Signature: _____</div> <div>Title: _____</div> <div>Business License #: _____</div> <div>Day Phone: _____</div>	<div>Materials Used:</div> <div><input type="checkbox"/> Black Iron</div> <div><input type="checkbox"/> Copper</div> <div><input type="checkbox"/> Corrugated Stainless Steel</div> <div><input type="checkbox"/> Plastic</div> <div><input type="checkbox"/> Other, describe: _____ _____ _____ _____ _____ _____ _____</div> <div>Comments: _____ _____ _____ _____ _____ _____ _____</div>
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- ☐ Commercial ☐ Multi-Family
☐ Residential ☐ Other, describe:

Installed, altered, extended, and repaired gas
piping installations. Describe work: _____

Period From: _____ To: _____

I certify that I am personally/professionally
acquainted with _____

And his/her work at (Company name and
address): _____

Signature: _____

Title: _____

Business License #: _____

Day Phone: _____

Materials Used:

- ☐ Black Iron
☐ Copper
☐ Corrugated Stainless Steel
☐ Plastic
☐ Other, describe: _____

Comments: _____

